

Macedonia Baptist Church
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Norristown, PA 19401
610-279-6240

www.mbcministries.org

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Children's Ministry 2012 Emergency Contact Form

Child Name: _____
Last First Middle

Address: _____
Street City State ZIP

Cell Phone: () _____ Home Phone: () _____

Work Phone: () _____ Email: _____

Insurance Information:

Company: _____ Policy #: _____

Preferred local hospital: _____

Emergency Contact Name: _____

Cell Phone: () _____ Home Phone: () _____
Last First

Work Phone: () _____

If unavailable **(2nd) Contact Name:** _____

Cell Phone: () _____ Home Phone: () _____
Last First

Work Phone: () _____

Comments: *(include any allergies, special medical or personal information you would want an emergency care provider to know)*

Mission Statement: To bring about a child's awareness of Jesus Christ, which leads to salvation, a personal relationship with Him, and the ability to articulate, defend, and share their faith through teaching and activities that promote Christ, family, and fun. Mark 10:14